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FEE TRANSMITTAL **for FY 2003**

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/482,691
Confirmation Number 7347
Filing Date January 13, 2000
First Named Inventor Policchio et al.
Examiner Name M. Spisich
Group/Art Unit 1744
Attorney Docket No. 6553D

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
- Deposit Account Number 16-2480
Deposit Account Name The Procter & Gamble Company
- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	<input type="checkbox"/>
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$)<input type="checkbox"/>

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims <input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

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01 FC:1251 110.00 CH
SUBTOTAL (2) (\$)☐

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/> [110]
1252 410	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 930	Extension for reply within 3 rd month	<input type="checkbox"/>
1254 1,450	Extension for reply within 4 th month	<input type="checkbox"/>
1255 1,970	Extension for reply within 5 th month	<input type="checkbox"/>
1401 320	Notice of Appeal	<input type="checkbox"/>
1402 320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 280	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 470	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
* Reduced by Basic Filing Fee Paid		
SUBTOTAL (3) (\$)<input type="checkbox"/> [110]		

SUBMITTED BY

Name (Print/Type) Thibault Fayette
Signature _____

Complete (if applicable)

Telephone (513) 627-4593
Date January 9, 2003

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